

## Interstate Telcom Consulting, Inc.

#### Independent Telecommunications Consultants

EJCKET FILE CORV CRIGINAL

June 26, 2015

Received & Inspected

JUL 0 1 2015

FCC Mail Room

Ms. Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12<sup>th</sup> Street SW Washington, DC 20554

Mr. Jeff Richter PSC -Wisconsin PO Box 7854 Madison, WI 53707

Re: WC Docket No. 10-90, 11-42 and 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Bergen Telephone Company, Study Area Code 330848. Bergen Telephone Company is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made under Docket 10-90, 11-42 and 14-58.

Should you have any questions, please contact me via e-mail at <u>roxih@interstatetelcom.com</u> or by phone at 320/848-6641.

Sincerely,

Roxi Hacker

Regulatory Consultant

Enclosures:

Cc: Brad Ellefson

No. of Copies rec'd\_ List ABCDE

| FCC For                      | REDACTE rm 481 - Carrier Annual Reporting Data Collection Form                  | ED FOR PUB          | LIC    | Z. ON  | Form 481<br>B Control No. 3060-<br>2013 | 0986/OMB Control I                      | io. 3060-0619  |
|------------------------------|---|---------------------|--------|--|---|---|--|
| <010>                        | Study Area Code   | 330848              |        |  |   |   |  |
| <015>                        | Study Area Name   | BERGEN TEL CO       |        |  |   |   |  |
| <020>                        | Program Year  | 2016                |        |  | & bevisses                              | Inspected                               |  |
| <030>                        | Contact Name: Person USAC should contact with questions about this data         | Roxi Hacker         |        |  |   |   |  |
| <035>                        | Contact Telephone Number:<br>Number of the person identified in data line <030> | 3208486641 ext.     | ŧa     |  | JUL 0 1                                 | 2011)                                   |  |
| <039>                        | Contact Email Address:<br>Email of the person identified in data line <030>     | roxih@interstat     | tetelo |  | - Wail                                  | Room                                    |  |
| 9                            |   |                     |        |  |   | 54.313<br>Completion                    | 54.422<br>Completion   |
| ANNUA                        | AL REPORTING FOR ALL CARRIERS   |                     |        |  |   | (check box whe                          | Required on complete)  |
| <100>                        | Service Quality Improvement Reporting   |                     |        | (complete attached workshe                                     | et)                                     |   | 111111   |
| <200>                        | Outage Reporting (voice)  |                     |        | (complete attached workshe                                     | et)                                     |   |  |
| <210>                        |   | o outages to report |        |  | [                                       | ~                                       | 18818  |
| <300>                        | Unfulfilled Service Requests (voice)  |                     |        |  |   |   |  |
| <310>                        | Detail on Attempts (voice)  |                     |        | ,  | attach descriptive do                   | cument)                                 | N. N. S. S. S. S.  |
| <320>                        | Unfulfilled Service Requests (broadband)  |                     |        |  |   |   | 1111111  |
| <330>                        | Detail on Attempts (broadband)  |                     |        |  | (attach descriptive d                   | ocument)                                | 11111  |
| <400>                        | Number of Complaints per 1,000 customers (voice)                                |                     |        |  |   |   |  |
| <410>                        | Fixed 0.0   | ĺ                   |        |  |   |   |  |
| <420>                        | Mobile 0.0  |                     |        |  |   |   |  |
| <430><br><440>               | Number of Complaints per 1,000 customers (broads                                | pand)               |        |  |   | ~                                       | 19 19 19 19 19 19  |
| <450>                        | Mobile 0.0  |                     |        |  |   |   |  |
| <500>                        | Service Quality Standards & Consumer Protection R 330848WI510Bergen.pdf         | ules Compliance     |        | (check to indicate certificat                                  | on)                                     |   |  |
| <510>                        |   |                     |        | (attached descriptive doc                                      | ument)                                  | ·                                       | ~  |
| <600>                        | Functionality in Emergency Situations   |                     |        | (check to indicate certificat                                  | an)                                     |   | ~  |
|                              | 330848WI610Bergen.pdf   |                     |        |  |   |   |  |
|                              |   |                     |        | (attached descriptive docum                                    | ent)                                    |   | · · ·  |
| <610>                        | PS  |                     |        |  |   |   |  |
| <700>                        | Company Price Offerings (voice)   |                     |        | (complete attached workshi                                     | eet)                                    |   | 188818   |
| <710>                        | Company Price Offerings (broadband)   |                     |        | (complete attached workship                                    | eet)                                    | V                                       | 111111   |
| <800><br><900>               | Operating Companies and Affiliates Tribal Land Offerings (Y/N)?                 |                     | /if ue | (complete attached workships, complete attached workships)     |   | -                                       | 1888   |
|                              | Voice Services Rate Comparability Certification                                 |                     | Ye     |  | e.y                                     | V                                       | 11111  |
|                              | 330848WI1010Bergen.pdf  |                     | 5710   |  |   |   |  |
| <1010>                       | ÷.  |                     |        | (attach descriptive docume                                     | nt)                                     | ~                                       | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   |
|                              | • Certify whether terrestrial backhaul options exist ()                         | res or No)          | 0      | (if not, check to indicate ce                                  | rtification)                            | ~                                       |  |
| <1110><br><1200>             | Terms and Condition for Lifeline Customers                                      |                     |        | (complete attached workshi<br>(complete attached workshi       |   | San | A 6 8 8 8 8  |
|                              | Price Cap Carriers, Proceed to Price Cap Additional                             | Documentation W     | Vorksh |  | teaft S                                 |   |  |
| <b>*3000</b>                 | Including Rate-of-Return Carriers affiliated with Pri                           | ice Cap Local Exch  | ange ( |  | 200                                     |   | <b>3.5.5.5.5</b>   |
| <2000><br><2005>             |   |                     |        | (check to indicate certification<br>(complete attached workshe |   |   | State of the state |
| 57 <u>2</u> 12 <u>2</u> 42 V | Rate of Return Carriers, Proceed to ROR Additional                              | Documentation V     | Vorks  |  | 20                                      | - 10                                    | ***  |
| <3000>                       |   |                     |        | (check to indicate certification                               | on)                                     |   |  |

| 100   | rvice Quality Improvement Reporting<br>llection Form  |                    |                       | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|--------------------|-----------------------|---|
| <010> | Study Area Code   | 330848             |                       |   |
| <015> | Study Area Name   | BERGEN TEL CO      |                       | 17.334  |
| <020> | Program Year  | 2016               |                       |   |
| <030> | Contact Name - Person USAC should contact regarding this data   | Roxi Hacker        |                       |   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>   | 3208486641 ex      | t.                    |   |
| <039> | Contact Email Address - Email Address of person identified in data line <030>   | roxih@interst      | atetelcom.com         | 110000  |
| <110> | Has your company received its ETC certification from the FCC?   | (yes /             | (no) O •              |   |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?   | (yes /             | (no) O O              |   |
| <112> | 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service. | company is a       | 330848WI112Bergen.pdf |   |
|       |   |                    | - 1/15                | Name of Attached Document   |
|       | Please select the appropriate responses below (Yes, No, Not Applicable) to confi  |                    |                       |   |
|       | that the attached document(s), on line 112, contains a progress report on its five  |                    |                       |   |
|       | service quality improvement plan pursuant to §54.202(a). The information shall be   | e                  |                       |   |
|       | submitted at the wire center level or census block as appropriate.  |                    |                       |   |
| :113> | Maps detailing progress towards meeting plan targets  |                    | Yes                   | <b>⊣</b>  |
| <114> | Report how much universal service (USF) support was received  |                    | Yes                   |   |
| <115> | How much (USF) was used to improve service quality and how support was used to impro  |                    |                       |   |
| <116> | How much (USF) was used to improve service coverage and how support was used to imp   | rove service cover | rage Yes              |   |
| <117> | How much (USF) was used to improve service capacity and how support was used to impr  | ove service capac  | ity Yes               |   |
| (11/> |   |                    |                       |   |

| (200) Service Outage Reporting (Voice) | FCC Form 481  |
|--|---|
| Data Collection Form                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code   | 330848                     |
|-------|---|----------------------------|
| <015> | Study Area Name   | BERGEN TEL CO              |
| <020> | Program Year  | 2016                       |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Roxi Hacker                |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3208486641 ext.            |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

| 220> | <a></a>   | <b1></b1>    | <b2></b2>    | <b3></b3> | <b4></b4>  | <c1></c1>          | <c2></c2>  | <d></d>        | <e></e>            | <f></f>         | <g></g>        | <h>&gt;</h>  |
|------|-----------|--------------|--------------|-----------|------------|--------------------|--|----------------|--------------------|-----------------|----------------|--------------|
|      | NORS      |              |              |           |            |                    |  | ****           |                    | Did This Outage | 130            |              |
|      | Reference | Outage Start | Outage Start |           | Outage End | Number of          |  | 911 Facilities | Service Outage     | Affect Multiple |                |              |
|      | Number    | Date         | Time         | Date      | Time       | Customers Affected | THE RESERVE THE PROPERTY OF THE PARTY OF THE | Affected       | Description (Check | Study Areas     | Service Outage | Preventative |
|      |           |              |              |           |            |                    | Customers  | (Yes / No)     | all that apply)    | (Yes / No)      | Resolution     | Procedures   |
|      |           |              |              |           |            |                    |  |                |                    |                 |                |              |
| 3    |           |              |              |           |            |                    |  |                |                    | 7               |                |              |
|      |           |              |              |           |            |                    |  |                |                    |                 |                |              |
|      | -7-3      |              |              |           |            |                    |  |                |                    |                 |                |              |
|      | -         |              |              | -         |            |                    |  | <del>č</del>   |                    |                 |                |              |
|      |           |              |              |           |            |                    |  |                |                    | -               |                |              |
|      |           |              |              |           |            |                    |  |                | 1                  | -               |                |              |
|      |           |              |              |           |            | -                  |  |                | -                  |                 |                |              |
|      | -         |              |              |           |            |                    | 1  |                |                    |                 |                |              |
|      |           |              |              |           |            |                    |  |                |                    |                 |                | <u></u>      |
|      |           |              |              | <u> </u>  |            |                    |  |                |                    |                 |                |              |
|      |           |              |              |           |            |                    |  |                |                    |                 |                |              |
|      |           |              |              |           |            |                    |  |                |                    |                 |                |              |
|      |           |              |              |           |            |                    |  |                |                    |                 |                |              |
|      |           |              |              |           |            |                    | · · · · · · · · · · · · · · · · · · ·  |                |                    |                 |                |              |
|      | /.        |              |              |           |            |                    |  |                |                    |                 |                |              |
|      |           | <del> </del> |              |           |            |                    | •  |                |                    |                 |                |              |
|      |           | <b>†</b>     |              |           |            |                    | -  |                |                    |                 |                |              |
|      | 4         |              |              | -         |            |                    |  |                | 1                  |                 |                |              |
|      | -         |              | -            |           |            |                    | -  | 0              |                    |                 |                |              |
|      |           |              |              |           |            |                    |  |                |                    |                 |                |              |
|      |           |              | ,            |           |            |                    |  |                |                    |                 |                |              |
|      |           |              |              |           |            |                    |  |                |                    |                 |                |              |

| SEL TRACE | ce Offerings including Voice Rate Data<br>ection Form                         | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |          |
|-----------|---|--|----------|
| <010>     | Study Area Code   | 330848   |          |
| <015>     | Study Area Name   | BERGEN TEL CO  |          |
| <020>     | Program Year  | 2016   |          |
| <030>     | Contact Name - Person USAC should contact regarding this data                 | Roxi Hacker  |          |
| <035>     | Contact Telephone Number - Number of person identified in data line <030>     | 3208486641 ext.  |          |
| <039>     | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com   |          |
| <701>     | Residential Local Service Charge Effective Date 1/1/2015                      |  | Wi E Vis |

<702> Single State-wide Residential Local Service Charge

<703>

| <a1></a1> | <a2> Exchange (ILEC)</a2> | SAC (CETC) | Rate Type    | <b2> Residential Local Service Rate</b2> | <br>State Subscriber Line Charge | <br>State Universal Service Fee | <br>Kandatory Extended Area Service Charge | Total per line Rates and Fed |
|-----------|---------------------------|------------|--------------|--|----------------------------------|---------------------------------|--|------------------------------|
|           |                           |            | 31114181     |  |                                  |                                 |  |                              |
|           |                           |            |              |  |                                  |                                 |  |                              |
|           |                           |            | e) k         |  |                                  |                                 |  |                              |
|           |                           |            |              |  |                                  |                                 |  |                              |
|           |                           |            |              | See a                                    | tached worksheet                 |                                 |  |                              |
|           |                           |            |              |  |                                  |                                 |  |                              |
|           |                           |            |              |  |                                  |                                 |  |                              |
|           |                           |            |              |  |                                  |                                 | × 1. 4                                     |                              |
|           |                           |            | 1767 - 20174 |  |                                  |                                 |  |                              |
|           |                           |            |              |  |                                  |                                 |  |                              |
|           |                           |            | Λ            |  |                                  |                                 |  |                              |
|           |                           |            |              |  |                                  |                                 |  | A-100E-100                   |

|       | lection Form  |                 | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|-----------------|---|
| <010> | Study Area Code   | 330848          |   |
| <015> | Study Area Name   | BERGEN TEL CO   | 17.00   |
| <020> | Program Year  | 2016            |   |
| <030> | Contact Name - Person USAC should contact regarding this data             | Roxi Hacker     |   |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 3208486641 ext. |   |

roxih@interstatetelcom.com

<039> Contact Email Address - Email Address of person identified in data line <030>

<711>

| <a1></a1> | 42>             | Ф1>              | <b2></b2>                  | <b>«»</b>           | <d1></d1>                                       | <d2></d2>                                  | <d3></d3>               | <d4></d4>   |
|-----------|-----------------|------------------|----------------------------|---------------------|---|--|-------------------------|---|
| State     | Exchange (ILEC) | Residential Rate | State Regulated<br>Fees    | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached (select |
|           |                 |                  |                            |                     |   |  |                         |   |
|           |                 |                  |                            |                     |   |  |                         |   |
|           |                 |                  | - See attac<br>worksheet - | hed                 |   |  |                         |   |
|           |                 |                  |                            |                     |   |  |                         |   |
|           |                 |                  |                            |                     |   |  |                         |   |
|           |                 |                  |                            |                     |   |  |                         |   |
|           |                 |                  |                            |                     |   |  |                         |   |

|       | erating Companies<br>lection Form  |   |                            | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-081<br>July 2013 |  |  |
|-------|--|---|----------------------------|---|--|--|
| <010> | Study Area Code  |   | 330848                     |   |  |  |
| <015> | Study Area Name  |   | BERGEN TEL CO              | N SIGN STREET   |  |  |
| <020> | Program Year   |   | 2016                       |   |  |  |
| <030> | Contact Name - Person USAC should contact regarding this data                |   | Roxi Backer                |   |  |  |
| <035> | S> Contact Telephone Number - Number of person identified in data line <030> |   | 3208486641 ext.            |   |  |  |
| <039> | Contact Email Address -  | Email Address of person identified in data line <030> | roxih@interstatetelcom.com |   |  |  |
| <810> | Reporting Carrier  | Bergen Telephone Company                              |                            |   |  |  |
| <811> | Holding Company  | Not Applicable  |                            |   |  |  |
| <812> | Operating Company  | Bergen Telephone Company                              | 7.53                       |   |  |  |

| <b>(a1)</b> | <a2></a2> | <a3></a3>  |
|-------------|-----------|--|
| Affiliates  | SAC       | Doing Business As Company or Brand Designation   |
|             |           |  |
|             |           | 7000   |
|             |           |  |
| 18 W/V - 19 |           |  |
|             |           |  |
| 16-11       |           |  |
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|             |           | All Control of the Co |
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|                         | oal Lands Reporting<br>ection Form   |  | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013  |
|-------------------------|--|--|---|
| <010><br><015><br><020> | Study Area Code Study Area Name Program Year   | 330848<br>BERGEN TEL CO  | And the second s  |
| <030>                   | Contact Name - Person USAC should contact regarding this data  | 2016<br>Roxi Hacker  |   |
| <035>                   | Contact Telephone Number - Number of person identified in data line <030   |  |   |
| <039>                   | Contact Email Address - Email Address of person identified in data line <030   | A STATE OF THE STA | 9 22 11 |
| <910>                   | Tribal Land(s) on which ETC Serves   |  |   |
| <920>                   | Tribal Government Engagement Obligation  | Nar  | ne of Attached Document   |
| to confi<br>demons      | ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to B(a)(9) includes: | Select Yes or No or Not Applicable   |   |
| <921>                   | Needs assessment and deployment planning with a focus on Tribal community anchor institutions.   | 1111111  |   |
| <922>                   | Feasibility and sustainability planning;   |  |   |
| <923>                   | Marketing services in a culturally sensitive manner;   |  |   |
| <924>                   | Compliance with Rights of way processes  |  |   |
| <925>                   | Compliance with Land Use permitting requirements   |  |   |
| <926>                   | Compliance with Facilities Siting rules  |  |   |
| <927>                   | Compliance with Environmental Review processes   | 30000-00   |   |
| <928>                   | Compliance with Cultural Preservation review processes   |  |   |
|                         | Compliance with Tribal Business and Licensing requirements.  |  |   |

| (1100) No Terrestrial Backhaul Reporting Data Collection Form |  |                            | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|----------------------------|--|
| <010>   | Study Area Code  | 330848                     |  |
| <015>   | Study Area Name  | BERGEN TEL CO              |  |
| <020>   | Program Year   | 2016                       |  |
| <030>   | Contact Name - Person USAC should contact regarding this data  | Roxi Hacker                |  |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>  | 3208486641 ext.            |  |
| <039>   | Contact Email Address - Email Address of person identified in data line <030>  | roxih@interstatetelcom.com |  |
| <1120>  | Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).   |                            |  |
| <1130>  | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to § 54.313(g). | kbps                       |  |

| Lifeline         | erms and Condition for Lifeline Customers ection Form   |           | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013      |
|------------------|---|-----------|--|
| <010>            | Study Area Code   |           | 330848   |
| <015>            | Study Area Name   |           | BERGEN TEL CO  |
| <020>            | Program Year  |           | 2016   |
| <030>            | Contact Name - Person USAC should contact regarding this data   |           | Roxi Hacker  |
| <035>            | Contact Telephone Number - Number of person identified in data li   | ne <030   |  |
| <039>            | Contact Email Address - Email Address of person identified in data I  | ine <030  | roxih@interstatetelcom.com   |
| <1210>           | Terms & Conditions of Voice Telephony Lifeline Plans  |           | 330848WI1210Bergen.pdf   |
| <1220>           | Link to Public Website  | НТТР<br>— | Name of Attached Document  http://www.sharontelephone.com/telephoneservices.html |
| or the we        | heck these boxes below to confirm that the attached document(s), on line 1 sbsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mus report:  Information describing the terms and conditions of any voice |           |  |
| <1222><br><1223> | telephony service plans offered to Lifeline subscribers,  Details on the number of minutes provided as part of the plan,  Additional charges for toll calls, and rates for each such plan.  | V         |  |

|             | ce Cap Carrier Additional Documentation action Form  | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  |
|-------------|--|--|
| Including   | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers  | July 2013  |
| <010>       | Study Area Code  |  |
|             | Study Area Name  |  |
| <020>       | Program Year   |  |
|             | Contact Name - Person USAC should contact regarding this data  |  |
| <035>       | Contact Telephone Number - Number of person identified in data line <030>  |  |
|             | Contact Email Address - Email Address of person identified in data line <030>  |  |
|             | Service Enter reserve Enter reserve of person rectifice in date in a second  | telcom.com   |
| SECTION AND |  |  |
| Soloct the  | a appropriate recogner helpy (Ver. No. Not Applicable) to note compliance or   | Annual Connect Smarles Dhare I connect from a High Cost connect High Cost connect to office access shows and unline a    |
|             | America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform  | ental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, a |
| Connect     |  | s form and in the documents attached below is accurate.  |
| <2010>      | Incremental Connect America Phase I reporting  |  |
|             | 2nd Year Certification (47 CFR § 54.313(b)(1)i)  |  |
| <2011a>     | 3rd Year Certification {47 CFR § 54.313(b)(1)ii}   |  |
| <2011b>     | Attachment (47 CFR § 54.313(b)(1)ii)   |  |
|             | \$ 100 to |  |
|             |  |  |
|             |  | Name of Attached Document(s) Listing Required Information  |
|             | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))  |  |
| <2012>      | 그만들은 이 아이들 아이들이 아이들은 살아가는 얼마나 이 나를 하는데 얼마를 살아내려면 하는데 얼마를 하는데 살아내려면 하는데 아이들이 아이들이 되었다.  |  |
| <2013>      |  |  |
| <2014>      |  |  |
| <2015>      | 이 등에 있는 생각이 하기가 되어야 하는 것 같아가 되었다면 하게 하는데 하게 하는데 하게 되었다면 하게 하게 하는데 하다.  |  |
| 12020       |  | 24.00  |
|             | Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))   |  |
| <2016>      | Certification Support Used to Build Broadband  |  |
|             | Connect America Phase II Reporting (47 CFR § 54.313(e))  |  |
| <2017>      | 3rd year Broadband Service Certification   |  |
| <2018>      | Sur year broadband Service Certification   |  |
| <2019>      | Interim Progress Certification   |  |
| <2020>      |  | required information   |
|             | pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support si   | nber, names, and   |
|             | addresses of community anchor institutions to which began providing  | d service in the   |
|             | preceding calendar year.   |  |
| <2021>      | Interim Progress Community Anchor Institutions   |  |
| VEUE 17     | interim Frogress Community Anchor institutions   |  |
|             |  |  |
|             |  | 1  |
|             |  |  |

| (3000) R   | ete Of Return Carrier Additional Documentation   |  | FCC Form 481                            |   |
|------------|--|--|---|---|
|            | lection Form   |  |   | . 3060-0986/OM8 Control No. 3060-0819           |
| 3 -        |  |  | July 2013                               |   |
|            | 12. 202 - 202  |  |   |   |
| <010>      | Study Area Code Study Area Name  | 330848   |   |   |
| <020>      | Program Year   | BERGEN TEL CO<br>2016  |   |   |
| <030>      | Contact Name - Person USAC should contact regarding this data  | Roxi Hacker  |   |   |
| <035>      | Contact Telephone Number - Number of person identified in data line <030>  | 3208486641 ext.  |   |   |
| <039>      | Contact Email Address - Email Address of person identified in data line <030>  | roxih@interstatetelcom.com   |   |   |
| CHECK 1    | the boxes below to note compliance on its five year service quality plan (pursua   | nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring | g compliance with the i                 | inancial reporting requirements set forth in 47 |
|            | CFR § 54.313(f)(2). I further certify that ti  | he information reported on this form and in the documents atta       | ched below is accurate.                 | 7   |
|            |  | 330848WI3010Bergen.pdf   |   | 1   |
| (3010)     | Progress Report on 5 Year Plan   | 1  |   | 1   |
| (3020)     | Milestone Certification (47 CFR § 54.313(f)(1)(i))   |  |   |   |
|            | 896 685 885 690 s  | Name of Attached Document Listing Required Inform                    | mation                                  | _   |
|            |  |  | Helion                                  |   |
| (3011)     | Please check this box to confirm that the attached document(s), on line:<br>§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addn providing access to broadband service in the preceding calendar year.   |  | V                                       |   |
|            |  | 330848WI3012Bergen.pdf   |   | 1   |
|            |  |  |   |   |
| (3012)     | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))  | 1  |   | l   |
|            |  | Name of Attached Document Listing Required Information               | 2 0                                     | 1   |
| (3013)     | Is your company a Privately Held BOB Carrier (47 CED & CA 313/6/3))  | (Yes/No)   | $\bullet$ )()                           |   |
| (3014)     |  | (Yes/No)   |   |   |
| -cooper to |  |  |   |   |
| Please     | check these boxes to confirm that the attached document(s), on line 301  | 7, contains the required information pursuant to § 54.313(f)         | (2) compliance requi                    | res:  |
| (3015)     | Electronic copy of their annual RUS reports (Operating Report for<br>Telecommunications Borrowers)   |  |   |   |
| (3016)     | Document(s) for Balance Sheet, Income Statement and Statement of Ca  | ash Flows  |   |   |
|            |  |  |   | 7   |
| (3017)     | If the response is yes on line 3014, attach your company's RUS annual  |  |   |   |
| ,,         | report and all required documentation  |  |   |   |
|            |  |  |   |   |
|            |  | Name of Attached Document Listing Required Information               | ~~                                      |   |
| (3018)     | If the response is no on line 3014, Is your company audited?   | (Yes/No)   |   |   |
|            | If the response is yes on line 3018, please check the boxes below to   |  |   |   |
|            | confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains   |  |   |   |
| (3019)     | Èither a copy of their audited financial statement; or (2) a financial report in a f   | format comparable to RUS Operating Report for Telecommunicati        | ons [                                   |   |
|            |  | ormat comparable to not operating neport for resettining nepor       |   |   |
| (3020)     | Document(s) for Balance Sheet, Income Statement and Statement of C   | Cash Flows   |   |   |
| (3021)     | Management letter and audit opinion issued by the independent certified p  | whic accountant that performed the company's financial audit         |   |   |
| 10 - 10    |  | dono accombine that performed the company's linaridal additi         |   |   |
|            | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),  |  |   |   |
|            | contains:  |  |   |   |
| (3022)     | Commendation of the control of the c |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |
| (3022)     | Copy of their financial statement which has been subject to review by an<br>independent certified public accountant; or 2) a financial report in a   |  |   |   |
|            | format comparable to RUS Operating Report for Telecommunications   |  |   |   |
|            | Borrowers,   |  | -                                       |   |
| (3023)     | Underlying information subjected to a review by an independent certified   |  |   |   |
| W          | public accountant  |  |   |   |
| (3024)     | Underlying information subjected to an officer certification.  |  | 10                                      |   |
| (3025)     | Document(s) for Balance Sheet, Income Statement and Statement of C   | ash Flows  |   |   |
|            |  | 330848WI3026Bergen.pdf   |   |   |
|            |  |  | - 1                                     |   |
| (3026)     | Attach the worksheet listing required information  |  | - 1                                     |   |
|            | 10   |  | 1                                       |   |
|            | l  |  |   |   |
|            |  | Name of Attached Document Listing Required Information               |   |   |

| (3000) Rate Of Return Carrier Additional Documentation (Continued) | FCC Form 481  |
|--|---|
| Data Collection Form   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code   | 330848                     |
|-------|---|----------------------------|
| <015> | Study Area Name   | BERGEN TEL CO              |
| <020> | Program Year  | 2016                       |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Roxi Hacker                |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 3208486641 ext.            |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com |

| inancial Data Summary                   | 204607  |
|---|---------|
| (3027) Revenue                          | 20 1001 |
| (3028) Operating Expenses               | 284861  |
| (3029) Net Income                       | -7197   |
| (3030) Telephone Plant In Service(TPIS) | 2405241 |
| (3031) Total Assets                     | 5617670 |
| (3032) Total Debt                       | 67550   |
| (3033) Total Equity                     | 5550120 |
| (3034) Dividends                        | 0       |

| Certification - Reporting Carrier  Data Collection Form |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0815<br>July 2013 |
|---|---|--|
| <010>   | Study Area Code   | 330848   |
| <015>   | Study Area Name   | BERGEN TEL CO  |
| <020>   | Program Year  | 2016   |
| <030>   | Contact Name - Person USAC should contact regarding this data                 | Roxi Hacker  |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>     | 3208486641 ext.  |
| <039>   | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com   |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support eciplents; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |                                |  |  |  |  |
|--|--------------------------------|--|--|--|--|
| Name of Reporting Carrier:   |                                |  |  |  |  |
| Signature of Authorized Officer:   | Date                           |  |  |  |  |
| Printed name of Authorized Officer:  |                                |  |  |  |  |
| Title or position of Authorized Officer:   |                                |  |  |  |  |
| Telephone number of Authorized Officer:  | 0.00                           |  |  |  |  |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form: |  |  |  |  |

| Certification - Agent / Carrier Data Collection Form |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|---|--|
| <010>  | Study Area Code   | 330848   |
| <015>  | Study Area Name   | BERGEN TEL CO  |
| <020>  | Program Year  | 2016   |
| <030>  | Contact Name - Person USAC should contact regarding this data                 | Roxi Hacker  |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>     | 3208486641 ext.  |
| <039>  | Contact Email Address - Email Address of person identified in data line <030> | roxih@interstatetelcom.com   |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) <u>ITCI</u> is authorized to submit the information reported on behalf of the reporting carriers also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorize agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |   |            |  |  |
|---|---|------------|--|--|
| Name of Authorized Agent: ITCI  |   |            |  |  |
| Name of Reporting Carrier: BERGEN TEL CO  |   |            |  |  |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date:                                     | 06/30/2015 |  |  |
| Printed name of Authorized Officer: Brad Ellefson   |   |            |  |  |
| Title or position of Authorized Officer: President  |   |            |  |  |
| Telephone number of Authorized Officer: 2627369981 ext.   |   |            |  |  |
| Study Area Code of Reporting Carrier: 330848  | Filing Due Date for this form: 07/01/2015 |            |  |  |

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                |            |                |            |  |  |  |
|--|--------------------------------|------------|----------------|------------|--|--|--|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the Information reported herein is accurate. |                                |            |                |            |  |  |  |
| Name of Reporting Carrier: BERGEN TEL CO   | ,,                             |            | Tem is decorde |            |  |  |  |
| Name of Authorized Agent or Employee of Agent: ITCI  |                                |            |                | ·          |  |  |  |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED  | ONLINE                         |            | Date:          | 06/30/2015 |  |  |  |
| Printed name of Authorized Agent or Employee of Agent: Roxi Ha   | cker                           |            |                | *          |  |  |  |
| Title or position of Authorized Agent or Employee of Agent Regula:   | tory Consultant                | 7). A      | 30.35          |            |  |  |  |
| Telephone number of Authorized Agent or Employee of Agent: 3208  | 486641 ext.                    |            | 2000           |            |  |  |  |
| Study Area Code of Reporting Carrier: 330848   | Filing Due Date for this form: | 07/01/2015 |                |            |  |  |  |

Attachments

# REDACTED:

Bergen Telephone Company

Five Year Quality of Service Plan 2015-2019

Annual Progress Report & Map 2015

# REDACTED FOR PUBLIC INSPECTION

REDACTED:

Progress Report

USF

## REDACTED FOR PUBLIC INSPECTION

REDACTED:

Progress Report

Map

SAC: 330848 State: Wisconsin

Bergen Telephone Company

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Bergen Telephone Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable State of Wisconsin orders and rules including:

# Wisconsin State Statute 100.207 & 100.208 REGULATION OF TELECOMMUNICATIONS SERVICES

| 100.207(2) | Advertising. | 100.207(4) | Collection Practices.   |
|------------|--------------|------------|-------------------------|
| 100.207(3) | Sales.       | 100.208    | Unfair Trade Practices. |

# WI Chapter PSC 165 STANDARD FOR TELECOMMUNICATIONS SERVICE

| 165.010 | General.                                  | 165.033 | Exchange area boundaries. |
|---------|---|---------|---------------------------|
| 165.020 | Definitions.                              | 165.065 | Emergency operation.      |
| 165 032 | Schedules to be filed with the commission |         |                           |

# Wisconsin State Legislative Department of Agriculture, Trade & Consumer Protection (ATCP) 123 & 127 BILLING PRACTICES AND DIRECT MARKETING

| 123.02 | Disclosure to subscriber. | 123.08 | Automatic renewal or extension. |
|--------|---------------------------|--------|---------------------------------|
| 123.04 | Subscription charges.     | 123.10 | Prohibited practices.           |
| 123.06 | Negative Option Billing   | 123.12 | Activities regulated by PSC.    |

### Subchapter II - Telephone Solicitations

| Definitions.              | 127.12   | Credit card laundering.   |
|---------------------------|--|---|
| Opening disclosures.      | 127.14   | Misrepresentations.   |
| Disclosure prior to sale. | 127.16   | Prohibited practices.   |
| Prize promotions.         | 127.18   | Recordkeeping.  |
| Unauthorized payment.     | 127.20   | Assisting violations.   |
|                           | Opening disclosures. Disclosure prior to sale. Prize promotions. | Opening disclosures. 127.14 Disclosure prior to sale. 127.16 Prize promotions. 127.18 |

### Subchapter III - Mail Solicitations

| 127.30 | Definitions.              | 127.42 | Credit card laundering. |
|--------|---------------------------|--------|-------------------------|
| 127.32 | Opening disclosures.      | 127.44 | Misrepresentations.     |
| 127.34 | Disclosure prior to sale. | 127.46 | Prohibited practices.   |
| 127.36 | Prize promotions.         | 127.48 | Recordkeeping.          |
| 127.38 | Unauthorized payment.     | 127.50 | Assisting violations.   |
| 127.40 | Delivering ordered goods. |        |                         |

SAC: 330848 State: Wisconsin

Bergen Telephone Company

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

## Subchapter IV - Face-to-Face Solicitations

| 127.60 | Definitions.              | 127.70 | Credit card laundering. |
|--------|---------------------------|--------|-------------------------|
| 127.62 | Opening disclosures.      | 127.72 | Misrepresentations.     |
| 127.64 | Disclosure prior to sale. | 127.74 | Prohibited practices.   |
| 127.66 | Prize promotions.         | 127.76 | Recordkeeping.          |
| 127.68 | Unauthorized payment.     | 127.78 | Assisting violations.   |

### Subchapter V - Telephone Solicitations; State Do-Not-Call Registry

| 127.80 | Definitions.                        | 127.83 | Telephone solicitation practices. |
|--------|-------------------------------------|--------|-----------------------------------|
| 127.81 | Telephone solicitors; registration. | 127.84 | Recordkeeping.                    |
| 127.82 | Do-Not-Call Registry.               |        |                                   |

Bergen Telephone Company certifies it has complied with these requirements and those of the FCC including Lifeline Requirements, and Customer Proprietary Network Information (CPNI) rules.

Page 1 of 1

SAC: 330848 State: Illinois

Bergen Telephone Company

Form 481 Line No: 510 Compliance with Service Quality Standards and Consumer Protection

As required by Illinois Administrative Code "Title 83 Chapter 1 subchapter f Part 730 – subpart E: Standards of Quality of Service", the local services provided by Bergen Telephone Company are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Illinois Commerce Commission orders and rules including:

#### SUBPART E: STANDARDS OF QUALITY OF SERVICE

- Section 730.500 Adequacy of Service
- Section 730.505 Operator Handled Calls
- Section 730.510 Answering Time
- Section 730.515 Central Office Administrative Requirements
- Section 730.520 Interoffice Trunks
- Section 730.525 Transmission Requirements
- Section 730.535 Interruptions of Service
- Section 730.540 Installation Requests
- Section 730.545 Trouble Reports
- Section 730.550 Network Outages and Notification

For more details visit:

http://www.ilga.gov/commission/jcar/admincode/083/08300730sections.html

Page 1 of 1

SAC: 330848 State: Wisconsin

Bergen Telephone Company

Form 481 Line No: 610 Description of Functionality in Emergency Situations

Bergen Telephone Company pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
  - Back up battery service in each central office.
  - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to
  prevent or mitigate interruption or impairment of telecommunications service, including
  rerouting of traffic around damaged facilities and the deployment of emergency power.

Page 1 of 1

SAC: 330848 State: Illinois

Bergen Telephone Company

Form 481 Line No: 610 Description of Functionality in Emergency Situations

Pursuant to Illinois Administrative Code "Title 83 Chapter 1 subchapter f Part 730.325 Emergency Operation", Bergen Telephone Company complies with the following:

#### TITLE 83: 1f - 730.325 Emergency Operation

- a) Each local exchange carrier shall make provisions to meet emergencies resulting from failures of commercial or power service, sudden and prolonged increases in traffic, illness of personnel, fire, storm, or other natural disasters. Each local exchange carrier shall inform employees as to procedures to be followed in the event of emergency in order to prevent or minimize interruption or impairment of telecommunications service.
- b) Each existing central office will contain a reserve battery supply of 5 hours where emergency power generators are not installed and 3 hours where they are in place. Central office batteries shall be maintained in accordance with Institute of Electrical and Electronic Engineers (IEEE) standards as adopted in Section 730.340, and records verifying such maintenance shall be kept on site. New central offices or central offices being replaced shall contain a reserve battery supply of 8 hours where emergency power generators are not installed and 5 hours where they are in place. In central offices without installed emergency power generators, a mobile power unit shall be available that can be delivered and connected within 5 hours.
- c) In new central offices exceeding 3,000 working lines, a permanent power generator shall be installed. For existing central offices having over 3,000 lines, permanent power generators shall be installed at the time of office replacement or battery replacement.
- d) Emergency generator units shall have available at least a 12 hour fuel supply.
- e) Emergency generator units shall be tested under load once a month. A record of the test results shall be maintained.

| Data Collection Form |   |                            | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------------------|---|----------------------------|---|
| <010>                | Study Area Code   | 330848                     |   |
| <015>                | Study Area Name   | BERGEN TEL CO              |   |
| <020>                | Program Year  | 2016                       |   |
| <030>                | Contact Name - Person USAC should contact regarding this data   | Roxi Hacker                |   |
| <035>                | Contact Telephone Number - Number of person identified in data line <030>                                     | 3208486641 ext.            |   |
| <039>                | Contact Email Address - Email Address of person identified in data line <030>                                 | roxih@interstatetelcom.com | 9-14 ST   |
| <701><br><702>       | Residential Local Service Charge Effective Date  1/1/2015  Single State-wide Residential Local Service Charge |                            |   |

FCC Form 481

(700) Price Offerings including Voice Rate Data

<703>

| State | <a2> Exchange (ILEC)</a2> | SAC (CETC) | <b1> Rate Type</b1> | <br>Residential Local<br>Service Rate | <br><br>State Subscriber Line Charge | <br><br>State Universal Service Fee | Mandatory Extended Area<br>Service Charge | Total per line Rates and Fee |
|-------|---------------------------|------------|---------------------|---------------------------------------|--------------------------------------|-------------------------------------|---|------------------------------|
| WI    | Bergen                    |            | FR                  | 16.0                                  | 0.0                                  | 0.71                                | 0.0                                       | 16.71                        |
| IL    | South Bergen              |            | FR                  | 16.0                                  | 0.0                                  | 0.0                                 | 0.0                                       | 16.0                         |
|       |                           |            |                     |                                       |                                      |                                     |   |                              |
|       |                           |            |                     |                                       |                                      |                                     |   |                              |
|       |                           |            |                     |                                       |                                      |                                     |   |                              |
|       |                           |            |                     |                                       |                                      |                                     |   |                              |
|       |                           |            |                     |                                       |                                      |                                     |   |                              |
|       |                           |            |                     |                                       |                                      |                                     |   |                              |
|       |                           |            |                     |                                       |                                      |                                     |   |                              |
|       |                           |            |                     |                                       |                                      |                                     |   |                              |
|       |                           |            |                     |                                       |                                      |                                     |   | 3                            |
|       |                           |            |                     |                                       |                                      |                                     |   |                              |